

*'Eugenics is the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage.'*—SIR FRANCIS GALTON (1904)

# The Eugenics Review

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## NOTES OF THE QUARTER

### THE BIOLOGY OF CO-OPERATION

WE PRINT IN this issue of the REVIEW three papers which were read at a half-day Symposium for young scientists which took place on 11th December 1965 at University College, London.

This meeting, on the Biology of Co-operation, was held as part of the British contribution to International Co-operation Year. It was organized by Dr. G. Ainsworth Harrison as a joint project of the Eugenics Society, the Royal Anthropological Institute and the Society for the Study of Human Biology.

The Chair was taken by Professor J. S. Weiner; he was, in 1963, appointed Convenor of Project D (Human Adaptability) of the International Biological Programme. The first paper read, Co-operation in Mammalian Societies by Dr. M. J. Cullen, is unfortunately not available for publication; the three which followed it form an interesting series—Co-operation in Primate Societies by Dr. John Hurrell Crook, in Primitive Human Communities by Dr. Burton Benedict and, finally, the Psychology of Co-operation by Dr. Henri Tajfel.

### POPULATION PROSPECTS

THE LATEST PROJECTION of the population of England and Wales, to be seen in the Registrar General's *Quarterly Return* for December 1965,

does not present any radically new picture of the likely growth in our numbers until the end of the century. The estimated population in broad age-groups for the year 2001 is shown in the following statement for both the newly published figures and for those issued a year ago:

Age	1965 Projection (Numbers in millions)	1964 Projection
0-14	18·7	18·3
15-44	27·4	27·4
45-64*	11·4	11·6
65 and over*	8·9	9·1
Total	66·4	66·4

\* The dividing line is age 65 for men but age 60 for women.

Both the total and the number at ages 15-44 are unchanged, but the population of children has been increased by nearly half a million whereas the number of persons aged 45 and over have been reduced by a corresponding amount. These changes directly reflect a mild rise in expected fertility and a projected net migratory intake that is halved after 1978 in comparison with the previous year's assessment.

In recent years the public has been accustomed to see dramatic changes in the long-term population outlook, a magnified representation of year-to-year developments in current experience in regard mainly to fertility and migration. By such standards the changes between the 1964 and 1965 are very mild, and with the numbers of births wavering at their peak it is all too possible that the next exercise of this kind will show a

stronger variation of outlook, perhaps with a diminution of prospective numbers.

In an interesting article in *New Society* (3rd March 1966) Mr. John Boreham, a Chief Statistician of the General Register Office with special responsibility for population and censuses, explained in broad outline how projections are made and the connection they have with the re-shaping of social policy. He asked whether, in the light of the latest figures, a new population policy is needed for Britain, in relation to population pressure generally and the drift to the south-east in particular.

As befits a Government official, he did not give any direct answer to this question, although he emphasized that complex considerations are involved. But he did draw attention to the fact that in the period 1865–1900 cities were hurriedly built for a population increase of twelve million whereas over the thirty-five remaining years of the present century cities must be equally speedily built for an increase of twenty million. The remnants of the Victorian cities are often mean and squalid: could we now do better? It might perhaps be added that the Victorians left some countryside between the cities whereas, in the current expansion, sprawling conurbations eat up agricultural land over huge areas.

It is against such a background that any suggestion of a general increase in family allowances should be considered.

### ABORTION LAW

MRS. VERA HOUGHTON writes: When it became clear on 9th July 1965 that the abortion Bill introduced by Mrs. Renée Short, Labour Member for Wolverhampton, North-East,\* could make no further progress before the end of the session, supporters of this reform, headed by Mrs. Short, tabled a motion asking the Government to provide time in the next session, beginning in the following October. Replying to a question the previous day, Miss Alice Bacon, Minister of State, Home Office, had said that if any Member were to be lucky in the ballot, then the Government would have to see what their attitude would be about doing for abortion what

they did in the case of the abolition of capital punishment. When the House rose on 5th August for the summer recess, 144 Members of all parties had signed the motion.

At about this time the Abortion Law Reform Association began to direct its activities to the House of Lords where there are more facilities for debate. A previous attempt had been made in 1954 by Lord Amulree but after presenting a Bill which would have done no more than give statutory effect to the Bourne judgement of 1938, he withdrew it in the face of opposition. Now that the Lords had found a new zeal for social reform, and had already tackled two highly controversial issues, homosexuality and capital punishment, the time seemed ripe for a third: abortion. Lord Silkin, a former Labour Member for Peckham and Minister of Town and Country Planning in a previous Labour Government, was approached and agreed to take a Bill. He could hardly have foreseen the tremendous amount of public interest his Bill would arouse, the hundreds of letters and the requests to address meetings, nor the many hours he would spend in trying to find a basis for agreement, the pressures that would be brought to bear, the delaying tactics, and the emotions which persuaded the House on one occasion to go back on an earlier decision.

Unlike the Commons where a Bill that goes into committee is usually dealt with by a selected number of Members, a committee of the House of Lords comprises the whole chamber and, according to the attendance, may vary in size and composition with each sitting. This adds to the strain of steering a Bill through the committee stage. A further hazard, common to both Houses, is that the help of Parliamentary draftsmen is not available to private Members, and if the Government is adopting a neutral attitude, departmental advice is also withheld until the wish of the House on the principle of the Bill is clear, that is, after the Second reading.

### Lord Silkin's Bill

Despite all that was said about the drafting defects of Lord Silkin's Bill, it was certainly no worse and probably a good deal better than many others. What started off as a relatively

\* *The Eugenics Review*, 1965, 57, 105–7.

straightforward five-clause Bill became increasingly complex as each critic tried to define it more exactly. The amendments were so numerous that a second committee stage was necessary and the Bill itself was reprinted four times. It occupied seven sitting days from the Second reading on 30th November to the passing of the Bill at the Third reading on 7th March 1966, three days before the dissolution of Parliament, when it fell along with all the other Bills that had not completed their passage through both Houses. Twenty-six Peers gave advance notice of their wish to speak in the debate on the Second reading; 227 Peers in all voted at one stage or another of the Bill.

Lord Silkin remained imperturbable throughout, his patience was monumental and his staying-power remarkable. He proposed to introduce a fresh Bill early in the new Parliament which should have every chance of reaching the Commons early enough in the session for time to be given for a full-length debate and for it to make progress. Abortion law reform supporters in the House of Commons who now number over 300 would help to make sure of this.

### Grounds for Abortion

The original Bill as passed at the Second reading differed in one major respect only from the Bills introduced by Mr. Kenneth Robinson, now the Minister of Health, in 1961 and by Mrs. Short in June 1965. It sought to add a new provision to enable social indications to be taken into account in so far as they affect the patient's suitability as a mother:

... in the belief that the health of the patient or the social conditions in which she is living (including the social conditions of her existing children) make her unsuitable to assume the legal and moral responsibility for caring for a child or another child as the case may be.

Because of the difficulty of defining social conditions to everyone's satisfaction, Lord Silkin agreed to try to find an alternative wording at the committee stage.

The new wording that

... the pregnant mother is or will be physically or mentally inadequate to be the mother of a child or of another child as the case may be

was adopted on 3rd February after an amendment, moved by Viscount Dilhorne and the Bishop of Exeter, to leave out this clause, had been defeated by 71 to 51 votes. But at the report stage on 22nd February when Lady Wootton and the Archbishop of Canterbury joined Viscount Dilhorne and Lord Brain in again moving the amendment, it was carried by 81 to 51 votes and the earlier decision was reversed.

Was it an accident that on the second occasion there were 61 Peers who had not been present on the earlier occasion, and that 42 of them voted in favour of the amendment? Lady Summerskill thought otherwise ". . . never before, in the whole of my Parliamentary career, have I seen a vote manipulated as was the vote last week" (22nd February). It was certainly a disaster that 33 of those who voted on 3rd February to retain the clause were absent on the second occasion, and a matter for conjecture that 12 Members changed their minds.

Commenting on this clause in the *British Medical Journal* of 19th March,\* Lord Brain states it "was attacked on the grounds that physical and mental inadequacy was an ill-defined concept, that its implications were social rather than medical, and that therefore it was not a matter for decision by doctors, and that, in any case, if the mother's physical or mental health was likely to be seriously impaired by the continuation of the pregnancy, grounds for its termination were already provided by subsection 1 (a)", which gives statutory effect to the Bourne judgement.

Rape was another ground where it was suggested that the pregnant woman's physical or mental health should be the deciding factor, and that doctors should not have to decide a question of fact. Despite Lord Silkin's introduction of a safeguard against wrongfully alleged rape, that the woman must have consulted a registered medical practitioner as soon as practicable after the incident and that there was then medical evidence of sexual assault upon her, Viscount Dilhorne's amendment to leave out rape was carried by 40 to 31 votes. At the time that this division took place a number of Peers who had

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\* "Medical Issues in Abortion Law Reform."

earlier in the day supported the "inadequacy" clause and who might well have been in favour of retaining the "rape" clause, had had to leave for other engagements. This was just bad luck, the sitting had not been expected to continue so long.

At one stage, on 28th February, it looked as if the "deformed child" clause would founder on the degree of probability of abnormality. Lord Silkin had finally moved an amendment to provide for termination of pregnancy on the ground that "there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to deprive it of any prospect of reasonable enjoyment of life". Viscount Dilhorne wanted to leave out "there is a substantial risk" and to insert instead "it is more probable than not". Lord Brain's comments on the degree of abnormality will be of interest here to readers. I quote from the *B.M.J.*:

The accuracy with which the risk that a child will be born abnormal can be estimated must vary greatly in different circumstances. There is a high degree of probability when a pregnant woman suffers from rubella during the first few weeks of pregnancy. . . . The risk of transmission of a disorder inherited as a Mendelian dominant, and for which one parent is heterozygous, being 50 per cent, would not qualify for the termination of the pregnancy on the basis of Lord Dilhorne's amendment. When this was pointed out, he said that another suggested phrase, "as probable as not", would cover that particular risk. It would not, however, cover the risk of inheritance of an autosomal recessive factor for which both parents were heterozygous, which is 25 per cent.

Other factors which need to be taken into account in this context are the increasing frequency with which clinically normal carriers of abnormal genes can be detected, and also the possibility of discovering in some cases whether the foetus *in utero* is normal or abnormal. The issue in the Debate really turned on the meaning of "substantial risk" and how this was to be assessed. It may be questioned whether the relevant considerations can all be expressed mathematically. . . .

As the Bill stood there was no special provision requiring an expert opinion on this difficult question. The responsibility was left with the gynaecologist terminating the pregnancy and the undefined doctor providing the second certificate.

In any case, if the mother's mental health is seriously threatened by the fear that the unborn child may be abnormal, the pregnancy could be terminated under the provision of 1 (a) without the need for a precise assessment of that risk. The most

fundamental question of all was hardly discussed: how does one decide what physical or mental abnormalities deprive a child of any prospect of reasonable enjoyment of life?

The last ground to be fought over was where the girl becomes pregnant while under the age of sixteen. As Lord Brain points out in the *B.M.J.* "this provision was defended on the ground of the psychological immaturity of the girl, interference with schooling, and the social stigma involved in pregnancy". I thought Lord Raglan put this issue in a nutshell in the debate: "A young girl under sixteen is supposed to be protected by law, and yet we say that she has no right to a remedy if she conceives. I see no point in having one law which is meant to protect, and another law which ignores the damage if that protection fails". The girl under sixteen remains in the Bill.

The Lords also accepted that termination of pregnancy should be allowed where the pregnant woman is a defective. On the understanding that he could look at it again before he re-introduced his Bill, Lord Silkin accepted an amendment from Lord Molson that "defective" should mean in England and Wales a person suffering from subnormality within the meaning of section 4 of the Mental Health Act, 1959, or in Scotland a person suffering from mental deficiency within the meaning of section 6 of the Mental Health (Scotland) Act, 1960.

The remaining clauses of the Bill deal with who should be permitted to terminate a pregnancy, where it should be done, who should certify (previous Bills have only specified that there shall be a second medical opinion) and with the notification of termination of pregnancy. All designed supposedly to safeguard the patient from the unscrupulous doctor, but also to protect the doctor from the patient who knows what she wants, and to reassure society. Never before has an attempt been made to legislate on the circumstances in which a surgical operation may take place and the conditions under which it may be done. If it was necessary to do this for all operations, we should recognize the absurdity of it. But as long as we stop short of allowing the individual the freedom of personal decision and the surgeon the freedom of his profession, this problem will remain with us.

### Mr. Digby's Bill

While the House of Lords was grappling with the final stages of Lord Silkin's Bill, another attempt, the fourth, was being made in the Commons. One of the supporters of Mrs. Short's Bill, Mr. Wingfield Digby, Conservative Member for Dorset, West, had drawn eighth place in the ballot for private Members' Bills, and bravely decided on medical termination of pregnancy. Since only a limited number of days are allotted to private Members' Bills Mr. Digby knew that his could not be the first on the order paper for the day and that therefore it ran the risk of being "talked out" as happened with Mr. Reeves's Bill in 1953 and with Mr. Robinson's in 1961. Mr. Digby confined his Bill to giving statutory effect to the Bourne judgement and to cases where "it is as probable as not that the child if born would suffer from such physical or mental abnormalities or both as to deprive it of any prospect of reasonable enjoyment of life". At the time his Bill had to go to print, rape had already gone from Lord Silkin's Bill and the girl under sixteen was still in the balance. At 4 o'clock on Friday, 25th February, Mr. Digby's Bill was talked out by a Roman Catholic M.P., Mr. Peter Mabon (Labour, Preston, South) amid cries of "shame" from both the chamber and public gallery.

Mr. Digby and the supporters of his Bill immediately put down a motion calling for "early reform" and in the few days left before Parliament was dissolved on 10th March Members of all three parties quickly added their signatures.

### Addendum:

The House of Lords gave Lord Silkin's new Bill (identical to the Bill passed on 7th March) an unopposed Second reading on 10th May and completed the committee and report stages on 23rd May. Amendments accepted in committee include a re-wording of the "deformed child" clause to read that the child "would suffer from such physical or mental abnormalities as to be seriously handicapped" (instead of "to deprive it of any prospect of reasonable enjoyment of life"), and a new clause (by the overwhelming majority of 60 votes to 15) which provides for

termination where "the pregnant woman's capacity as a mother will be severely overstrained by the care of a child or of another child as the case may be". The interpretation of "defective" has been reversed from "sub-normality" to "severe subnormality".

In the Commons Mr. David Steel, the Liberal Member for Roxburgh, Selkirk and Peebles, who drew third place in the recent ballot will introduce a Bill on abortion this summer.

### THE GYPSY UNDER SOCIALISM

COLONEL JAMES CAMPBELL writes: Eugenic considerations have been and still appear in many countries to be obscured and bedevilled by the odium attaching to Hitler's ideas on race. So obsessed are some governments and individuals with their old anti-Hitler feelings and propaganda that their ideas are still in danger of becoming fixed and immutable.

The Prague correspondent of *The Financial Times* (1st March 1966), on the subject of the Gypsy under Socialism, writes:

Formerly a high mortality rate, particularly of infants, kept the gypsy population stagnant among the growing nations of the Czechs and Slovaks. Now the gypsies are staging a population explosion contrasting sharply with the no-babies attitude of the Czechs and Slovaks. The percentage of gypsies in the population has almost doubled since 1927 and is now increasing at a still faster rate. In a single year, gypsy families working side by side with Slovaks in a certain new factory had 25 births for every one birth in the same number of Slovak families.

In some districts the gypsy population increment was estimated in 1965 at 10 per cent. The explanation is simple. The gypsies not only ignore contraception but would not dream of making use of the opportunity open to women with several children or in difficult circumstances of having a legal abortion.

The solution of the problem was made more difficult by a muddled approach in the post-war period. With the Nazi extermination policy and deportations of gypsies to the death camps fresh in their memory, people were understandably shy of doing anything which could be misinterpreted as racial discrimination and tended to overlook many petty offences.

I have not heard elsewhere of a "no-babies" attitude of Czechs and Slovaks, though I have

heard of their desire for efficient family planning.  
The correspondent continues:

The gypsy problem may get still worse if new measures, contemplated by the government in the field of family allowances, are adopted. Family allowances, paid in Czechoslovakia on a scale increasing with every further child have been for many gypsies an important part of income, but so far have been paid only to parents who could prove a certain minimum period of employment. . . . It is obvious that an increase in allowances and their payment regardless of parents' employment would put a premium on the gypsy way of life.

One does not have to look far in the United Kingdom to find somewhat parallel population problems, not only in regard to gypsies but even sections powerfully represented in Parliament. Here also the same hangover from the reaction to Hitler's policies inhibits clear thinking and open expression of views. Perhaps the next generation may be free from these inhibitions but in the meantime much harm may be done unless the facts are faced.

#### HUMAN GENETICS IN ROMANIA

GENETIC STUDIES IN Romania, as in other East European countries, did not develop until a few years ago. This was due to the influence of the Russian biologist, Lysenko, whose dead hand on all scientific genetics extended to the satellite countries. With the relaxation of his hold and with the growing independence of Romania from direct Russian control, serious research in genetics began about seven years ago in the field of microbiology in which Romania is very well advanced, with two major institutes in Bucharest. In the last six years good departments of human genetics have also developed, both in the Institute of Endocrinology and the University Department of Forensic Medicine in Bucharest. Similar developments are, no doubt, taking place in other eastern European socialist republics and

we may now look forward to a steady flow of research from this part of Europe.

#### ABORTION BY VACUUM- ASPIRATION METHOD

COLONEL JAMES CAMPBELL writes: "Use of the Vacuum Extractor" is the title of an article in the *British Medical Journal* of 19th January 1963 by Moshe Lancet, M.D., Department of Obstetrics and Gynaecology, Rehoveth, Israel.

It is surprising that some who read this article have failed to notice that this vacuum extractor, to be used instead of forceps, should not be confused with the vacuum-aspiration device introduced in the USSR which was discussed in THE EUGENICS REVIEW for January 1963 (54, 189) and was more fully described in its pages in October 1964 (56, 129).

#### SOCIAL AND GENETIC INFLUENCES ON LIFE AND DEATH

FOLLOWING ITS SUCCESSFUL Symposia in 1964 on *Biological Aspects of Social Problems* and in 1965 on *Genetic and Environmental Factors in Human Ability*, the Eugenics Society is organizing a two-day conference on *Social and Genetic Influences on Life and Death* which will be held on Wednesday and Thursday, 28th and 29th September 1966 at the Botany Lecture Theatre, University College London, Gower Street, London, W.C. 1.

As before, the Symposium will be divided into four sessions: Conception, Pregnancy and Birth; Some Major Causes of Illness, I. Somatic Illness (session 2) and II. Psychological Illness (session 3); and Causes and Effects of Ageing.

The full list of chairmen, speakers and their subjects is advertised in this issue of the *Review*; the proceedings will be published as *Eugenics Society Symposia*, Volume 3.

Admission is free but by ticket for which application should be made to the General Secretary of the Eugenics Society.